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FAX TRANSMISSION**DATE:** December 19, 2006**PTO IDENTIFIER:** Application Number 09/520,004-Conf. #7731
Patent Number**Inventor:** John P. Maye et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Jeffrey D. Hsi

PHONE: (617) 439-4444**Attorney Dkt. #:** 61755(51035)**PAGES (Including Cover Sheet):** 16**CONTENTS:** Certificate of Transmission (1 page)
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IDS (Citation) by Applicant (2 References) (1 page)
2 References (9 pages)
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PTO/SB/97 (09-04)

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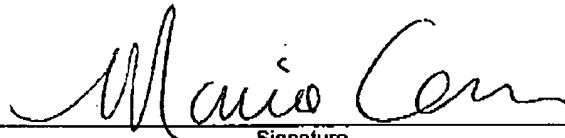
Application No. (if known): 09/520,004

Attorney Docket No.: 61755(51035)

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2006</h3>		<p>Complete if Known</p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/520,004-Conf. #7731
		Filing Date	March 6, 2000
		First Named Inventor	John P. Maye
		Examiner Name	K. D. Hendricks
		Art Unit	1781
TOTAL AMOUNT OF PAYMENT		(\$)	395.00
		Attorney Docket No.	61755(51035)

METHOD OF PAYMENT (check all that apply)

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 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 - 20 = _____ x _____ = _____ Fee (\$) Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 3 = _____ x _____ = _____
 IIP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

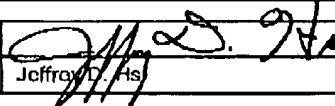
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 = _____ / 50		(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 395.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,024
Name (Print/Type)	Joffroy D. Hs	Telephone	(617) 439-4444
		Date	December 19, 2006